



Carolinus HealthCare System
NorthEast

**Anesthesiology
Reappointment Delineation of Privileges**

Name: _____

- Initial Appointment**
- Reappointment**
- Updated DOP**

Applicant: Check off the “Requested” box for each privilege requested. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

Other Requirements: Note that privileges granted may be exercised only at the site(s) and/or settings(s) that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital and/or department policy.

NOTE 1: Applicant must apply for “CORE” privileges in order to be eligible for special procedure clinical privileges at Carolinus HealthCare System NorthEast.
NOTE 2: “CORE” privileges cannot be amended or altered in any way.

QUALIFICATIONS

Initial privileges: To be eligible for core privileges in Anesthesiology, the applicant must meet the following criteria:

- MD or DO and successful completion of an ACGME/AOA approved residency in anesthesiology

And

- Current certification or active participation in the examination process (with achievement of certification within the timeframe specified in the medical staff bylaws) leading to certification in anesthesiology by the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology.

And

Required current experience: Demonstration that applicant provided appropriate and recent medical management in the field of anesthesiology during the past 12 months or demonstrated successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.

Renewal of privileges: To be eligible to renew core privileges in Anesthesiology, the applicant must meet the following criteria:

- Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges. Specialty specific CME is required.
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Anesthesiology Core Privileges

Requested

Administration of anesthesia, including general, regional, and local, and administration of all levels of sedation to pediatric, adolescent, and adult patients. Care includes the ability to evaluate through assessment and history and physical, and pain relief and maintenance, or restoration, of a stable condition during and immediately following surgical, obstetrical, and diagnostic procedures. May provide care to patients in the intensive care setting in conformance with unit policies. Admission of patients is not included.

Special Non-core Privileges

Non-core privileges are requested individually in addition to requesting the core. Each individual requesting non-core privileges must meet the specific threshold criteria as applicable to the applicant.

Non-Core Privilege: Discography

Requested

Criteria: Documentation of current competency from Residency Program Director/ Department Chair where the applicant most recently held the privilege.

Non-Core Privilege: Spinal Endoscopy

Requested

Criteria: Credentials Committee-approved workshop with hands-on cadaver training within the last 12 months; provide documentation of current competence and two (2) proctored cases.

Non-Core Privilege: Acupuncture

Requested

Criteria: Three (3) letters of reference and 200 hours of AMA Category 1 CME.

Non-Core Privilege: Neurolytic Procedures for Pain Therapy

Requested

Criteria: Documentation of current competency from Residency Program Director/ Department Chair where the applicant most recently held the privilege.

Non-Core Privilege: Placement of Implantable Devices for Pain Therapy

Requested

Criteria: Documentation of current competency from Residency Program Director/ Department Chair where the applicant most recently held the privilege.

Non-core Privilege: Transesophageal Echocardiography (TEE) Monitoring and

Requested Doppler Color Flow Interpretation

Criteria: Basic Intraoperative Transesophageal Echocardiography (TEE) and Doppler Color Flow Interpretation of cardiac function. Placement of the TEE probe and ability to obtain the views required for a standard exam. At this level, the cardiac anesthesiologist will be capable of using TEE as a monitoring tool and be able to make general assessments of ventricular function. An individual credentialed at this level would call in consultative support for more detailed assessment of cardiac structure such as assessment of valvular regurgitation, quantification of cardiac function, or diagnostic decisions affecting surgical therapy.

Credentialing at the Basic level will require:

1. Provide evidence of continuing medical education in TEE (completion of thirty (30) hours of didactic instruction).



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**Non-core Privilege: Advanced Intraoperative Transesophageal Echocardiography (TEE) and Doppler Color Flow
 Requested Interpretation of Cardiac Function**

Criteria: Individuals credentialed at this level will have skills and experience that will enable them to fully utilize the full diagnostic potential of TEE. They will be capable of utilizing the full range of TEE functions and tools including assessment of valvular integrity, flow velocity data, and quantification of cardiac function.

Applicants must:

1. Passage of the qualifying exam by the American Society of Echocardiography.

Individuals credentialed at this level will have skills and experience that will enable them to fully utilize the full diagnostic potential of TEE. They will be capable of utilizing the full range of TEE functions and tools including assessment of valvular integrity, flow velocity data, and quantification of cardiac function.

Non-Core Privilege: Minimally Invasive Lumbar Decompression – The *Mild*® Procedure

Requested

Initial privileges: To be eligible to apply for this privilege, the applicant must meet the following criteria:

- MD or DO with successful completion of an ACGME/AOA approved residency program in neurological surgery, orthopedic surgery, radiology, anesthesiology, or physiatry. Anesthesiology and physiatry residency graduates should have also completed a fellowship in pain management, or have substantial practice experience in the field of pain management. For Radiologists, fellowship training in Interventional or Neurointerventional radiology is sufficient;

And

- Current certification or active participation in the examination process (with achievement of certification within the timeframe specified in the medical staff bylaws) leading to certification by the relevant American Board of Medical Specialties or American Osteopathic Board;

And

- Successful completion of a training program conducted by Vertos Medical, Inc. in the *Mild*® procedure;

And

- Proctoring by a physician currently credentialed to perform this procedure is required for at least the first two (2) cases.

Required current experience: Demonstrated current competence and evidence of the performance of at least two (2) *Mild*® procedures in the past 12 months, or completion of training in the past 12 months, or proctoring by a physician currently credentialed to perform this procedure is required for at least the first two (2) cases.

Renewal of privileges: Demonstrated current competence and evidence of the performance of at least two (2) *Mild*® procedures with acceptable results during the past 24 months based on results of ongoing professional practice evaluation and outcomes.



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ACKNOWLEDGEMENT OF PRACTITIONER

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform, and that I wish to exercise at Carolinus HealthCare System NorthEast and....

I understand that:

(a) In exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.

(b) Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such a situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

(c) Adverse clinical privilege(s) actions are subject to the reporting requirements of the National Practitioner Data Bank and North Carolina Medical Board.

Signed _____

Date _____

Print Name